

**TRIPPLICATE**

VTO/P-A/22 (12-04)

Approved for use through 07/31/2008. GSA GEN-0231

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.130(a)</b> FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4811))		Docket Number (Optional) <b>S/400-S-C5</b>
Application Number <b>10/828,790</b>		Filed April 21, 2004
For Dermatomycos Vaccine		Examiner <b>Mirriam Hitz M.</b>
Art Unit <b>1645</b>		

This is a request under the provisions of 37 CFR 1.130(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$480	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1680	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02 2985. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.

I am the  applicant/inventor:

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 45,016

attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Susan K. Pocchiari April 5, 2005  
Signature Date

Susan K. Pocchiari (203) 788-6648  
Typed or printed name Telephone Number

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 3 forms are submitted.

The completion of information is required by 37 CFR 1.130(a). No information is required to obtain or retain a benefit by the public which is to be had by the USPTO in a successful application. Confidentiality is granted by 33 U.S.C. 128 and 37 CFR 1.11 and 1.14. This estimation is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form would be appreciated for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PATENT-4-U and select option 2.

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***RAM*** Fee History  
Query  
Revenue Accounting and Management

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Name/Number: 10828790

Total Records Found: 3

Start Date: Any Date

End Date: Any Date

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Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
04/23/2004	00000019	1	<u>1001</u>	\$770.00	04/21/2004	DA 022955
09/13/2004	00000592		<u>8021</u>	\$40.00	09/08/2004	DA 022955
04/12/2005	00000002	1	<u>1253</u>	\$1,020.00	04/05/2005	DA 022955

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